

Priority Class “B” small business is for those businesses that are independently owned and operated, not dominant in its field of operation and employs 100 or less employees, including all affiliates, and averages annual gross receipts of \$10 million dollars or less over the previous three years. If a business is a manufacturer, there is no revenue test. However, the manufacturer must also employ 100 or less employees including affiliates.

If you believe that you qualify, you may request the Fund review your claim to determine eligibility for Priority Class “B”. In order to determine eligibility, the following documents must be submitted and reviewed:

- Complete the enclosed form “Request for Assignment of Claim to Priority Class B”.
- Submit the three previous years of complete federal tax returns. Refer to the enclosed “Chart of Required Federal Tax Returns” to determine all federal tax forms that must be submitted.
- Submit documentation supporting the number of employees for the claimant, claimants business and any affiliates (i.e., Department of Employment Development (DE6) payroll reports for the last four quarters).

**ADDENDUM TO THE UST CLEANUP FUND APPLICATION**

Claim Number: \_\_\_\_\_

Claimant Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Description of Business: \_\_\_\_\_

To qualify as a small business, a business must be independently owned and operated, and not dominant in its field of operation. In addition, the business, together with all affiliates, must employ 100 or fewer employees **and** have average annual gross receipts of ten million dollars (\$10,000,000) or less over the previous three years. However, if the business is a manufacturer, there is no revenue test, but the business, together with all affiliates, must employ 100 or fewer employees.

Please check the appropriate box below and provide the required information.

☐ Check this box if you are submitting a small business certification from the Office of Small Business Certification to document the claimant's small business classification. ***Attach Certification.***

☐ Check this box if claimant is a manufacturing business that is independently owned and operated, is not dominant in its field of operation, and, together with all affiliates, employs 100 or fewer employees.

Total number of employees: \_\_\_\_\_

***Submit documentation supporting the number of employees (i.e., Department of Employment Development (DE6) payroll reports for the last four quarters).***

☐ Check this box if claimant is **not** a manufacturer, is independently owned, is not dominant in its field of operation, together with all affiliates employs 100 or fewer employees, **and**, together with all affiliates, has had average annual gross receipts of ten million dollars (\$10,000,000) or less over the previous three years.

Total number of employees: \_\_\_\_\_

***Submit documentation supporting the number of employees (i.e., Department of Employment Development (DE6) payroll reports for the last four quarters).***

List the previous three years and their respective annual gross receipts.

Year: _____	\$ _____
Year: _____	\$ _____
Year: _____	\$ _____

Average annual gross receipts over the previous three years: \$ \_\_\_\_\_

***Submit signed and dated copies of your complete federal tax returns as shown on the attached chart.***

I (we) hereby declare under penalty of perjury that all facts and statements set forth above are true and correct to the best of my (our) knowledge and belief. This form is part of my (our) application to the California Underground Storage Tank Cleanup Fund, and I (we) understand that any misrepresentation made on this form may result in disqualification of the claim. Federal tax returns documenting the annual gross receipts, including all affiliates, will be retained for the life of the claim and for at least three years after the last reimbursement issued pursuant to this claim.

Executed at \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Claimant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Claimant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

## CHART OF REQUIRED FEDERAL TAX RETURNS

INDIVIDUAL	CORPORATION	PARTNERSHIP	TRUST OR ESTATE	LOCAL ENTITY	NONPROFIT
Valid OSMB small business certification	Valid OSMB small business certification	Valid OSMB small business certification	Valid OSMB small business certification	Report of financial transactions submitted to the State Controller for the latest fiscal year ending prior to the date of application	Annual fiscal report filed with the Registry of Charitable Trusts or STR/FTR for the latest fiscal year
OR	OR	OR	OR		
FTR 1040(s) for years of record	FTR 1120 C/S	FTR 1065(s) for the partnership for years of record	FTR 1040(s) for the trust or estate for years of record		
AND	OR				
FTR 1120(s) audited financial statements for corporation(s) owned or have majority interest;	Audited financial statement for years of record	AND	AND		
FTR 1065(s) if general partner in any partnership;	AND	FTR 1120(s) or audited financial statements, FTR 1041(s) or other 1065(s) as may apply for the partnership	FTR 1120(s), FTR 1065(s), or other FTR 1041(s) as may apply for the trust or estate		
FTR 1041(s) for the trustee/executor who also is a beneficiary of the trust or estate	Any other 1120(s) or audited financial statements;	FTR 1040(s) for the general partners of the partnership	FTR 1040(s) for the trustee/executor who is also a beneficiary of the trust or estate		
	FTR 1065(s) or 1041(s) as may apply for the corporation				
	FTR 1040(s) for owner or majority shareholder of the corporation	FTR 1120(s), FTR 1065(s) or FTR 1041(s) s may apply for the general partners of the partnership	FTR 1120(s), FTR 1065(s), or FTR 1041(s) as may apply for the trustee/executor who is also a beneficiary of the trust or estate		
	FTR 1120(s) or financial audited statements, FTR 1065(s) or 1041(s) as may apply for the owner or majority shareholder of the corporation				

(Revised 1/02)